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NOV 16 2007

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7590 08/21/2007

Thelen Reid & Priest
PO Box 640640
San Jose, CA 95164-0640

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Michelle R. Crosby

(Depositor's name)

(Signature)

(Date)

11-14-07

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/550,080	09/19/2005	Renaut Mosdale	11/19/2007 NNGUTER 00000091 501698	10550080
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TITLE OF INVENTION: PLANAR FUEL CELL AND METHOD FOR THE PRODUCTION THEREOF

01 FC:1501	1440.00 DA
02 FC:1504	300.00 DA
03 FC:8001	6.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/21/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS	
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WANG, EUGENIA	1745	429-030000	
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Thelen Reid Brown Raysman
& Steiner LLP
2 _____
3 _____

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Commissariat A L'Energie Atomique

PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1698 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

13 Nov. 2007

Typed or printed name Robert E. Krebs, Esq.

Registration No. 25,885

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